

Lancaster County Republican Committee

P.O. Box 1215
Kilmarnock, VA 22482

APPLICATION FOR MEMBERSHIP*

Name _____

Mailing Address _____

City/Town _____ Zip _____

Residence Address _____

Polling Place/Voting Precinct _____

Home Phone _____ Work _____ Cell _____

Email _____ Fax _____

Preference: Officer/Member/ Associate Member / Financial

Previous Political Activity _____

To the Committee: I hereby apply for membership in the Lancaster County Republican Committee. I am a registered voter in Lancaster County, Virginia, and I support the principles of the Republican Party. I will pay the annual dues of \$25.00 upon my election to the committee.

Signature Date

Endorsements: (To be endorsed by two current members of the committee)

Signature of Committee Member Date

Signature of Committee Member Date

*All elected Republican officials in Lancaster County shall automatically be members of the committee.

In lieu of active membership, I wish to make a financial contribution to support the Lancaster County Republican Committee in the amount of:

\$25 ____ Other ____